

★ STUDENT ARTISTS FOR HEALTHY LIFESTYLES ★

ENTRY FORM (Only one entry per form)

NAME _____

HIGH SCHOOL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ GRADE _____ T-SHIRT SIZE _____

PRINCIPAL _____ ART TEACHER _____

PROJECT TITLE _____

MEDIUM: PRINT _____ VIDEO _____ INTERNET _____

LANGUAGE USED _____

BACK TRANSLATION (if in language other than English):



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WAIVER

The following waiver **MUST** be signed and submitted with your entry. Please submit a separate waiver with each entry. Entries not submitted with a signed waiver will not be accepted.

- ★ I understand that my entry will not be returned and will become the property of the Arizona Department of Health Services and the Oficina de Salud Pública de la Frontera Sonora Arizona.
- ★ I understand that if my entry is a winner, it may be reproduced and used in any Arizona Department of Health Services or Oficina de Salud Pública de la Frontera Sonora Arizona marketing campaign without my notice or recognition, or further permission.
- ★ I give the Arizona Department of Health Services and the Oficina de Salud Pública de la Frontera Sonora Arizona the right to reproduce and use my entry in any marketing campaigns.
- ★ I understand and agree that if my entry is a winning entry in the *Student Artists for Healthy Lifestyles* contest, it may not be submitted in any other contest, or used for any other purpose without the written consent of the Arizona Department of Health Services or the Oficina de Salud Pública de la Frontera Sonora Arizona.
- ★ I have reviewed the contest guidelines and read the waiver and agree to enter the competition as outlined.

ARTIST NAME

DATE

ARTIST SIGNATURE